

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |

Handwritten: 11418, 719, 10/15/01, 11-11-02, 02-26-02

INDEX OF CLAIMS

☐ Rejected
☐ Allowed
☐ (Through numeral)... Canceled
☐ Restricted
☐ Non-elected
☐ Interference
☐ Appeal
☐ Objected

| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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1-973 U.S. PTO
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08/19/01

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1-15-02

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